






**Message: RE: New Contract Invoicing and Reporting Info****✉ RE: New Contract Invoicing and Reporting Info**

**From** Kraft, Emily **Date** Friday, January 27, 2017 11:29 AM  
**To** 'Megan Lengerman'  
**Cc**

 **Customer Satisfaction Survey - Revised.docx** (41 Kb HTML)  **GeographicRegions.docx** (17 Kb HTML)  **Request for Preauthorization for Other Services.docx** (32 Kb HTML)  **Survey Instructions.docx** (29 Kb HTML)  **Attachment X- Federal Funds Subrecipient Requirements.docx** (32 Kb HTML)

See attached documents and responses in red below.

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**From:** Megan Lengerman [mailto:megan.lengerman@nursesfornewborns.org]  
**Sent:** Friday, January 27, 2017 10:47 AM  
**To:** Kraft, Emily  
**Subject:** Re: New Contract Invoicing and Reporting Info

Hi Emily,

More questions...

1. Regarding Housing, Utility, and Car Expenses Assistance, what is the 12 month period defined as? Since the contract starts in February, do we start then? Or are we counting assistance prior to February? **This will start in February. Prior assistance was not claimed as TANF expenditures, so they do not count towards the 12 month rule. However, I will say that if a client has already received 3+ months of car assistance prior to Feb 1 and is still needing additional assistance, it may be worth researching whether a less expensive mode of transportation would help the client in becoming self-sufficient.**
2. On the QER, we are basically totaling our expenditures for each category for all the months leading up to the due date, correct? For example, for the first one due on 3/31, are we including all of February and March? **Yes to both. For the participant costs section, that is the gist of it. The direct and indirect administrative cost sections are where I think things are a bit more complicated and will have to refer you to Joy Benne at the Department of Social Services.**
3. On the QER, should we continue to use the same major categories as we used previously? Such as supplies, "Other" for pre-authed items, etc? **For the participant services already listed on the form, I know that DSS is ok with those broad categories. I am not 100% sure how detailed DSS would like you to be for additional categories, so it may be worth checking with Joy. "Pre-authorized items" and "supplies" seem like pretty vague categories, so perhaps making it more clear that supplies means "infant care supplies" or if you notice a large group of expenses in an easily grouped category, like "client vehicle expenses" you could break those out. Additionally, some of the pre-authorized expenses you've had over the last few years may be better categorized elsewhere, like some of the job training classes that we've paid for would go under job training assistance. I would minimize the "other" category as much as possible when there are clear ways to do it.**

I think that is it for now :)

**Thanks!**  
**Megan**

Megan Lengerman, MA

Intake and Contracts Manager

Nurses for Newborns

7259 Lansdowne, Suite 100

Saint Louis, MO 63119

P – 314.544.3433 x321

C – 314.604.2426

F – 314.448.4004

E – [megan.lengerman@nursesfornewborns.org](mailto:megan.lengerman@nursesfornewborns.org)

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**From:** "Kraft, Emily" <[Emily.Kraft@oa.mo.gov](mailto:Emily.Kraft@oa.mo.gov)>

**Date:** Friday, January 27, 2017 at 10:13 AM

**To:** Megan Lengerman <[megan.lengerman@nursesfornewborns.org](mailto:megan.lengerman@nursesfornewborns.org)>

**Subject:** RE: New Contract Invoicing and Reporting Info

Hi Megan - The contract requirements are those listed in the RFP. I have attached a copy for your review. If you have any questions, please let me know.

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**From:** Megan Lengerman [<mailto:megan.lengerman@nursesfornewborns.org>]

**Sent:** Friday, January 27, 2017 10:04 AM

**To:** Kraft, Emily

**Subject:** Re: New Contract Invoicing and Reporting Info

Hi Emily,

I have not yet seen the contract so I'm not familiar with the sections you referenced. Is the contract on the way or can you send me a blank copy just so I can familiarize myself with the new requirements?

**Thanks!**  
**Megan**

Megan Lengerman, MA

Intake and Contracts Manager

Nurses for Newborns

7259 Lansdowne, Suite 100

Saint Louis, MO 63119

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F – 314.448.4004

E – [megan.lengerman@nursesfornewborns.org](mailto:megan.lengerman@nursesfornewborns.org)

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**From:** "Kraft, Emily" <[Emily.Kraft@oa.mo.gov](mailto:Emily.Kraft@oa.mo.gov)>

**Date:** Friday, January 27, 2017 at 9:50 AM

**To:** Megan Lengerman <[megan.lengerman@nursesfornewborns.org](mailto:megan.lengerman@nursesfornewborns.org)>

**Subject:** New Contract Invoicing and Reporting Info

Hi Megan,

Congratulations on the award of your new Alternatives to Abortion contract!

I wanted to take this opportunity to go over how the new invoicing process works, as you will no longer have the ability to generate invoices with the new Alternatives to Abortion system.

There are two forms attached to this email: the Monthly Invoice Template and the Quarterly Expenditure Form.

#### **Monthly Invoice Form**

The Monthly Invoice Form must be completed **at the beginning of each month** for that month (i.e. you will submit the February 2017 invoice at the beginning of February). Your award amount for the remainder of FY17 and the monthly award amount have been populated for you. The only fields you are able to modify on this form are the invoice number, date, service period, prior invoiced total, and quarterly expenditure adjustment. All the remaining fields are password protected and are only to be changed by me. February should be pretty simple, but if you have any questions on how this needs to be filled out, please let me know.

#### **Quarterly Expenditure Report (QER)**

The QER must be filled out at the end of each quarter (quarter ending dates are March 31, June 30, September 30, and December 31). If the QER shows that your expenditures are less than the amount paid to you for that quarter, you will enter the difference in the "Quarterly Expenditure Adjustment" field of that month's invoice (this will be a negative number, so please double check that it is). If you claim more expenditures for reimbursement than was paid to you for that quarter, you will again put the difference in the "Quarterly Expenditure Adjustment" field on the invoice (this time, it will be a positive number and will add to your "total due" field).

For example, for the months of July through September, you were paid \$75,000 total, but you only had \$67,000 in expenditures as reported on your QER. On the October invoice, you would enter - \$8,000 for the quarterly expenditure adjustment, and the total payment for that month would show \$17,000.

If you have questions as to how the Quarterly Expenditure Report needs to be filled out, **please direct those questions to Joy Benne at (573) 751-7027**. I would recommend familiarizing yourself with this form and getting your questions answered sooner rather than later.

#### **Case File Review Reports**

Section 2.4.3 requires that case file review reports be submitted on February 15, June 15, and October 15. As the contract is starting so close to February 15, I am not requiring you to submit a case file review report for this date. **Your first report will be due June 15**. Case file review reports can be as simple as an email or Word document describing which client files were reviewed, which case manager serves that client, any deficiencies that were found, and how you plan to correct any deficiencies that were found. Please also make it clear which month the file was reviewed and which subcontractor the case manager is from. For example:

#### **February Case File Reviews**

**Client:** Jessica Smith

**Case manager:** Tina Jacobs

**Subcontractor:** ABC Subcontractor

**Date reviewed:** 2/10/17

**Case file deficiencies:** Client delivered on 12/14/16, but the client's birthing outcome has not yet been entered. All other records required by 2.4.1 are present in the case file.

**Corrective action:** Case manager has been notified of the deficiency and will be entering this data. A follow-up check will be completed by 2/28/17 to ensure the data is entered.

**Client:** Andrea Thompson

**Case manager:** Jerri Jones

**Subcontractor:** 123 Subcontractor

**Date reviewed:** 2/11/17

**Case file deficiencies:** None. All records required by 2.4.1 are present in the case file.

**Corrective action:** N/A

### March Case File Reviews

**Client:** Jennifer Lee

**Case manager:** Cheryl Loeb

**Subcontractor:** ABC Subcontractor

**Date reviewed:** 3/5/17

**Case file deficiencies:** Records indicate client received rental assistance for November 2016, but no receipt is present. All other records required by 2.4.1 are present in the case file.

**Corrective action:** Case manager has been notified of the deficiency and has requested a copy of the rent check from Accounting. A follow-up check will be completed by 3/31/17 to ensure the copy is entered into the case file.

Again, if you have any questions, please let me know.

### Emily Kraft

*Alternatives to Abortion Program Manager*

*Truman Building, Room 430*

*Jefferson City, MO 65102*

*Phone: (573) 522-0003*

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## ALTERNATIVES TO ABORTION PROGRAM

### CLIENT SATISFACTION SURVEY

**Agency Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Client race (Check all that apply):** White African American American Ind./Alaskan Native  
Asian/Pacific Islander Other

**Client Age:** \_\_\_\_\_ **County of residence:** \_\_\_\_\_

**Have you ever received services from this program before?** \_\_\_\_\_

*Please check the box for each service you have received and then circle the rating you give to that service.*

☐ **Case Management**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Domestic Abuse Prevention**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Finding a Home**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Paying Electric/Gas Bills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Continuing School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Going Back to School**

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1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Training**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Placement**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Counseling**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Clothing (mom and/or baby)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Food**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Supplies**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Drug/Alcohol Testing/Treatment**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Help with an Adoption**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Involving and Teaching the Baby's Father**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Transportation**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Prenatal Care Referrals**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Ultrasound Referrals**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Care Referrals for Me**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Care Referrals for my Baby**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Child Care (babysitting)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Teaching Parenting Skills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

***Please rate the following statements:***

1. I am able to schedule appointments at times that are convenient for me.



1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

**2. I am seen at my appointment time.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

**3. I am able to decide which service(s) I want.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

**4. I fully understand the service(s) I am receiving.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

**5. The service(s) I receive have assisted me in continuing my pregnancy.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

**6. I am satisfied with the service(s) I receive.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

**7. I would recommend this agency to a friend or family member.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

**Attachment #1****1. Geographic Regions**

<b>GEOGRAPHIC REGION</b>	<b>COUNTIES</b>		
<b>Geographic Region 1</b>	Andrew	Daviess	Holt
	Atchison	DeKalb	Livingston
	Buchanan	Gentry	Mercer
	Caldwell	Grundy	Nodaway
	Clinton	Harrison	Worth
<b>Geographic Region 2</b>	Adair	Macon	
	Chariton	Marion	Schuyler
	Clark	Monroe	Scotland
	Knox	Putnam	Shelby
	Lewis	Ralls	Sullivan
<b>Geographic Region 3</b>	Linn	Randolph	
	Bates	Henry	
	Benton	Jackson	Platte
	Carroll	Johnson	Ray
	Cass	Lafayette	Saline
<b>Geographic Region 4</b>	Clay	Pettis	
	Audrain	Cooper	
	Boone	Gasconade	Montgomery
	Callaway	Howard	Morgan
	Camden	Miller	Osage
<b>Geographic Region 5</b>	Cole	Moniteau	
	Crawford	Laclede	Phelps
	Dent	Maries	Pulaski

<b>Geographic Region 6</b>	Franklin	Pike	St. Louis County
	Jefferson	St. Charles	Ste. Genevieve
	Lincoln	St. Francois	Warren
	Perry	St. Louis City	Washington
<b>Geographic Region 7</b>	Barry	Greene	Polk
	Barton	Hickory	St. Clair
	Cedar	Jasper	Stone
	Christian	Lawrence	Taney
	Dade	McDonald	Vernon
	Dallas	Newton	Webster
<b>Geographic Region 8</b>	Carter	Ozark	
	Douglas	Reynolds	Texas
	Howell	Ripley	Wright
	Oregon	Shannon	
<b>Geographic Region 9</b>	Bollinger	Iron	Pemiscot
	Butler	Madison	Scott
	Cape Girardeau	Mississippi	Stoddard
	Dunklin	New Madrid	Wayne

- [\[Reimbursement Request for Other Services\]](#)

## Office of Administration

### Commissioner's Office

## Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt to be reimbursed			

*Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

*Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only.*

Authorized person requesting purchase: \_\_\_\_\_

Purchase is Approved \_\_\_ Denied \_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- [□](#)

## **Directions for Administration of Customer Satisfaction Survey**

### **For the Alternatives to Abortion Program**

1. Per the contract, please administer the survey to all clients who receive services from \_\_\_\_\_ through \_\_\_\_\_. Each client should complete one survey.

2. The client should be given a plain envelope with the Contractor's name on the outside of the envelope along with a copy of the survey. For Contractors with Subcontractors, the Contractor name, as well as the Subcontractor name, shall appear on the outside of the envelope. The client shall complete the survey, not in the presence of the Contractor, and return the survey to the Contractor in the sealed envelope.
3. Please return all of the sealed envelopes to the Office of Administration, Alternatives to Abortion Program, no later than \_\_\_\_\_. Surveys should be bundled by the Contractor and submitted to the program manager at the following address:

Alternatives to Abortion Program

Office of Administration

201 W. Capitol Ave.

State Capitol Building, Room 125

Jefferson City, MO 65101

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- [\[Heading 1\]](#)
  - [\[Attachment X: Federal Funds Subrecipient Requirements\]](#)

## **Attachment X: Federal Funds Subrecipient Requirements**

### **1. In performing its responsibilities under the contract, the subrecipient shall fully comply with:**

#### **a. 2 CFR Chapter 1, Chapter II, Part 200, et al., Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.**

b. All applicable terms and conditions of the award.

c. All other applicable laws, regulations and policies authorizing or governing the use of any federal funds paid to the subrecipient under the contract.

2. The subrecipient shall not utilize federal funds, or any required matching funds, provided under the contract as matching funds for any other federal award, unless specifically allowed under that award.

3. Allowable Costs: Unless otherwise stated in this RFP, the subrecipient shall invoice the state agency based on actual, allowable costs incurred.

a. The subrecipient shall ensure all expenditures invoiced, claimed and/or reported satisfy the General provisions for allowable costs, as defined in the 2 CFR Chapter 1, Chapter II, Part 200, Subpart E- Cost Principles; and Specific provisions for allowable costs, as defined in applicable Federal program rules.

4. Indirect Cost Rates and Administrative Rates: In the event indirect costs and/or administrative rates are included as part of the cost reimbursement under the contract, the following will apply:

a. If a subrecipient has an approved federally negotiated indirect cost rate, the state agency will accept the approved indirect cost rate, unless doing so would conflict with federal statutes or an exception has been approved by the federal agency, based on documented justification. (2 CFR § 200.414) If a federal agency has approved a new or different rate subsequent to the beginning of a contract period and the effective date is retroactive, the change (increase or decrease) will not be recognized and accepted until the following contract period.

b. A rate of 10% of Modified Total Direct Costs (MTDC) will be used for those subrecipients that do not have a federally negotiated indirect rate (2 CFR § 200.414).

c. **Administrative costs** are defined as general administration and general expenses such as the director's office, accounting, personnel, library expenses and all other types of expenditures not listed specifically under one of the subcategories of "Facilities", (including cross allocations from other pools, where applicable). (US Dept. of Labor – Guide for Indirect Cost Rate Determination). Administrative costs can be categorized as both direct and indirect costs.

Administrative rates will vary by award, will be determined by the state agency, and will not exceed limits set forth by statute or regulations pertaining to each award. For example, some federal programs have statutory limitations on the % of dollars which may be expended for administrative costs. The state agency must abide by those statutory limits. Consequently, in contracts which include federal dollars

with statutory limitations on administrative costs, the state agency will limit the use of award funds for administrative costs in accordance with the statutory requirements. In such instances, the state agency award will deem administrative costs (including administrative costs included in the indirect rate) unallowable to the extent that the costs exceed the statutory limits.

d. With regard to indirect cost rates and administrative rates, guidance and requirements noted in Part 2 CFR § 200, “does not change or modify any existing statute or guidance otherwise based on any existing statute...and does not supersede any existing or future authority under law or by executive order of the Federal Acquisition Regulation.” Thus, for state agency programs where the specific federal award requirements define Administrative costs in such a manner that all Indirect costs are Administrative costs, the state agency cannot accept an indirect rate (regardless of whether it is federally negotiated or not) that exceeds the Administrative rate cap designated by the specific federal award.

5. Record/Document Requirements and Retention:

a. The subrecipient shall have written policies and procedures in place to ensure compliance with the terms, conditions, laws, and regulations in 2 CFR Chapter 1, Chapter II, Part 200, et al., Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Award, and shall make its policies and procedures available to the state agency, upon request.

b. The subrecipient shall maintain an accounting system that, at a minimum, records expenditures in a manner that readily identifies the expenditure as an activity allowable under the award and allows required federal financial reports to be easily prepared.

c. In accordance with 2 CFR § 200.333 the subrecipient shall retain, for a period of three years from the date of submission of the final expenditure report, or from the date of the submission of the final quarterly or annual financial report to the state agency, all financial records, supporting documents, statistical records, and all other records pertinent to the federal award.

6. Subrecipient Monitoring: The state agency reserves the right to conduct monitoring reviews to ensure the subrecipient administers the federal award in compliance with applicable laws, regulations, contractual obligations, and performance goal measures.

**a. When deemed appropriate by the state agency, a monitoring report based on the results of the monitoring review will be issued to the subrecipient.**

**b. The subrecipient shall submit a written corrective action plan for any findings and recommendations in the monitoring report as directed by the state agency.**

**1) The corrective action plan should include the actions the contractor proposes to take to remedy concerns, timeframes for achieving such remedies, and the person(s) responsible for the necessary action.**

c. The state agency will respond in writing by accepting the corrective action plan submitted and/or requiring further action, including, but not limited to:

1) More detailed financial reports or other documentation;

2) Additional monitoring;

- 3) Requiring the subrecipient to obtain technical or management assistance; and/or
- 4) Establishing additional prior approvals from the state agency.

7. Audits: If required, the subrecipient shall have a single or program-specific audit conducted in accordance with provisions of the Single Audit Act of 1984 (with amendment in 1996) and 2 CFR Chapter 1, Chapter II, Part 200, Subpart F, et al., Audit Requirements.

a. In accordance with the provisions of 2 CFR Chapter 1, Chapter II, Part 200, Subpart F, et al., Audit Requirements, the subrecipient shall consider all sources of federal awards, including federal resources received from the state agency, in determining the federal awards expended in its fiscal year.

b. In the event the subrecipient is required to obtain an audit pursuant to 2 CFR Chapter 1, Chapter II, Part 200, Subpart F, et al., Audit Requirements, the subrecipient shall submit the reporting package to the Federal Audit Clearinghouse (FAC) as required by 2 CFR § 200.512. The subrecipient shall notify the state agency of the acceptance of the audit by the FAC within 7 calendar days of the acceptance. The subrecipient shall also notify the state agency in the event the subrecipient is not required to obtain and submit a single audit. These notifications shall be submitted to the:

Department of Social Services

Division of Finance and Administrative Services

Attn: Single Audit

P.O. Box 1082

Jefferson City, MO 65102

Or [DFAS.ComplianceUnit@dss.mo.gov](mailto:DFAS.ComplianceUnit@dss.mo.gov)

c. The subrecipient shall cooperate with the state agency in resolving questions that the state agency may have concerning the auditors' report and plans for corrective action(s) pursuant to 2 CFR § 200.521.

8. The subrecipient shall be responsible for any deferrals, disallowances, questioned costs, or other items not allowed for federal financial participation claimed by the state agency on behalf of the subrecipient. The subrecipient shall return any funds disallowed, either to the state agency or directly to the applicable federal agency, as instructed by the state agency and within the timeframe designated.

9. Transparency Reporting: In order to assist the state agency in complying with its reporting requirements under the Federal Funding Accountability and Transparency Act (FFATA), the subrecipient must fully complete and submit the FFATA Data Form, attached hereto as Exhibit X, to the state agency prior to the award of the contract.

a. The subrecipient should register in the federal government System for Award Management (SAM) available at [www.sam.gov](http://www.sam.gov), to record information about the subrecipient's organization, including executive compensation data. SAM is a secure, single repository of data and the subrecipient should only need to register once and renew annually thereafter and update information as necessary.



- b. The state agency will provide the subrecipient with applicable federal funding source information in accordance with 2 CFR § 200.331.**